

laparotomy, with after-applications of ligatures and sutures, is not regarded with much favor, as "it would but add to the patient's danger," or "the prospective benefits of such a proceeding would, it seems to me, in most cases be questionable, while the additional risks that it would entail are manifest." The favorable result of laparotomy in certain cases of peritonitis is referred to. In bladder-rupture cystotomy, "as in the median or lateral operation for stone," is thought "preferable to opening the bladder either through the rectum or above the pubes," and suturing the bladder does not seem to be approved.

Of the propriety of laryngectomy, the author expresses himself as regarding Dr. Cohen's conclusions as "well founded; that while the operation may be justifiable in exceptional cases in which the disease is limited in extent, the greatest good to the greatest number will be promoted, as a rule, by declining attempts at extirpation, and being content with tracheotomy and other palliative measures."

Pyloric and cardiac gastrectomy are, as before, looked upon as operations "hardly within the pale of legitimate surgery." A table of the cases of removal of the pylorus, numbering 84, is given, as also are tables of nephro-lithotomy, nephrectomy, splenectomy, and cholecystotomy. Statistical tables of operations of various kinds in the present as in previous editions are numerous, and add not a little to the value of the work as one of reference.

Though neither many nor great changes have been made in the present edition, the work has been brought well up to date; and larger and better illustrated than before, its author may rest assured that it will certainly have a "continuance of the favor with which it has heretofore been received."

P. S. C.

THE INSANE IN THE UNITED STATES AND CANADA. By D. HACK TUKE, M.D., LL.D., F.R.C.P. London. 8vo. pp. 264. London: H. K. Lewis, 1885.

For one hundred years the name of Tuke, in England, has been identified with movements calculated to promote the best interests of the insane, with their professional care, or with the medical literature of insanity. The volume before us is by Dr. D. Hack Tuke, well known in this country as joint author with Dr. Bucknill of *A Manual of Psychological Medicine*, and in the line of *Chapters in the History of the Insane in the British Isles*, by the same author. The volume comprises five chapters. The first is devoted to a biographical notice of Dr. Rush—a central figure in the history of American medicine—and to the early lunacy practice in the United States at the period when Dr. Rush published, for the benefit of his pupils and the profession, *Observations on the Diseases of the Mind*, in 1812, six months preceding his death. Considered in the light of the experience of that day, this volume may be regarded as a compendium of the knowledge of the foremost member of the profession of the treatment of the insane in this country, and the history of the medical care of the insane may be said to date from the publication of Dr. Rush's book.

If the remedies of Dr. Rush consisted of bloodletting, blisters, issues, salivation, emetics, purges, and a reduced diet, it must be remembered

he lived at a period in the history of medicine when similar remedies were in use in general practice as well as in asylums, and when the practice of medicine was of the most empirical character. It is hardly probable that the early lunacy practice in America at the time Dr. Rush lived, differed materially from that which prevailed elsewhere, and even he may have been impressed and influenced by what he had been taught and observed in England and Edinburgh, from what appears from the testimony furnished a committee of the House of Commons. The physician of Bethlem stated in 1813: "Twice a year, with few exceptions, the patients are bled, and after that they take vomits once a week for a number of weeks, and after that we purge them." Dr. S. Tuke, in his *Description of the Retreat*, York, 1813, is disposed to think the advocates of this treatment were governed by a principle or philosophy, as he observes: "This plan of treatment (depletion) appears to be founded on the supposition, that irritation or violence proceeds universally from a plethoric habit, whereas I think experience clearly contradicts this opinion;" and Dr. Rush prescribed bloodletting as the first remedy in mania, because of the "importance and delicate structure of this organ (brain), which forbids its bearing violent morbid action for a length of time, without undergoing permanent obstruction or disorganization."

Dr. Tuke says of Dr. Rush:

"What I should claim for him would be, that he distinctly recognized the corporeal nature of insanity; that to his students and in his writings he taught, that it is a disease that must be submitted to medical as well as moral treatment; and further, that he gave to the profession and to the world, an able exposition of the forms of mental disease."

Dr. Tuke might have added that Dr. Rush lectured to his pupils upon insanity, and, for all we know to the contrary, was the first to impart instruction in this manner upon this branch. As a further contribution to the history of the medical treatment of the insane, and as foreshadowing the change that was about to take place, Dr. Tuke states his father addressed a letter to the governors of the New York Hospital in 1811, in which he writes: "General bleeding and other evacuations have been found injurious at the Retreat (York), and are therefore not used except where their necessity is indicated by the state of the bodily habit." It is quite probable bleeding and depletion were abandoned at York, and to a certain extent in the hospitals of Paris, under the control of Pinel, as early as 1798, and that the reaction against the principles of Dr. Rush subsequently gained ground among his countrymen. Passing to a later period when a number of asylums had been established and some valuable experience gained, Dr. Tuke quotes from Dr. Bell, of McLean Asylum, in his report for 1841: "No individual at the head of an insane institution would now think of combating any form of insanity, with depletory and reducing means, once regarded as indispensable." Reference is made to the testimony of Drs. Wyman (1821), Kirkbride, Todd, Brigham, White, Ray, and Curwen (1852), among the earlier American physicians, against bleeding, purging, and low diet, and in favor of tonics and generous diet. It may be safe to assert that for more than sixty years, bloodletting and similar measures have been abolished in asylum practice. Twenty-five years ago it was a common occurrence to receive patients into the hospitals who had been bled, and within thirty years bloodletting was occasionally resorted to in general hospital practice.

We cannot leave this chapter and the notice which Dr. Tuke furnishes of Dr. Rush, without adding the fact that his recommendations for the humane care of the insane, their moral management and treatment, their occupation, were in advance of his day; and that his pronounced views of the evils of intemperance, and suggestions for the creation of establishments for the custodial care of inebriates, have led the advocates of temperance to look upon him as one of the earliest promoters of their cause, to make pilgrimages to the Pennsylvania Hospital to behold his portrait, and to the place of his interment, as to a shrine.

The second chapter is devoted to "Provision for the Insane in the United States from 1752 to 1876," a period during which seventy-six State and municipal asylums and hospitals were established. A brief historical notice is presented of some of the earlier efforts to make improved public provision for the treatment of the insane, which seem to date from a petition sent by private citizens of Philadelphia to the Provincial Assembly in 1751, for a charter to enable them to found "a hospital for the reception and relief of lunatics and other distempered and sick poor." The humane sentiments incorporated in the act creating the Pennsylvania Hospital were announced forty years before the movement of Pinel, and have such an important bearing on the history of this subject in this and other countries, that we regret Dr. Tuke did not give this historic fact more prominence, and even reproduce the language of the entire preamble of the charter. Dr. Tuke makes appropriate reference to the work of Miss Dix. No complete history of provision for the insane in the United States could be prepared without an acknowledgment of her lifelong devotion to the interests of the insane, or a recognition of the influence exerted by the late Dr. Kirkbride, and the Association of Superintendents of Asylums, upon the plans for construction of new hospitals and their organization. While Dr. Tuke does not offer any opinion or observations upon the prevalent system of asylum construction referred to in this chapter, it must be conceded it was tending toward decided extravagance in plans and administration during the last decade of the period, and that the reaction that followed greatly retarded the completion and erection of new buildings. Several quotations are produced from published reports on the condition of the insane in poorhouses, but the comments and allusions are not in the language that might have been used had this independent and fearless observer written of the wretched almshouse system of this country after personal observation.

The succeeding chapters are devoted to the "Present Condition of the Insane in the United States; Principal Asylums Visited; and the Insane in Canada." Thirty asylums in the States of New Hampshire, Vermont, Massachusetts, New York, Connecticut, Rhode Island, Pennsylvania, New Jersey, Illinois, Wisconsin, Maryland, District of Columbia, and Canada were visited, and the observations and comparisons of such a critical and trained observer will receive respectful consideration on this side. Under the head of "General Management and Treatment," reference is made to the use of mechanical restraint and medical treatment. A table is presented showing that the number of patients in asylums in 1880 was 40,992, of which 2242, or five per cent., were alleged to be under restraint of some kind, including 21 with a chain and ball! The authority on which this extraordinary statement was made is not given, but we have read it with surprise and doubts as to its correctness. If

it was true then, we have no hesitation in observing it was discreditable to the management of our asylums; but, as Dr. Tuke states, "it would be unfair to take these figures in giving a correct representation of the amount of restraint at the present time." It is well understood that differences in practice, honestly but mistakenly entertained, have existed in the English and American asylums. While restraint has been sparingly used, or wholly abolished in many American asylums, and its use openly advocated and supported in the public reports and discussions as a beneficent and even humane measure, it has been demonstrated in the English and Scotch asylums that it may with great advantage be wholly abolished. It would have been more creditable to our American brethren had they met the question with a different spirit—frankly admitted and studied the embarrassments surrounding them, than to have maintained the indefensible position of supporting a system constantly liable to abuses, and lowering the standard of care. To illustrate, Dr. Tuke, in referring to the use of the covered bed, called the "crib," observes, "that, whatever its occasional utility may be, it may be abused will be admitted when I say I counted fifty in use in a single asylum." Better would it have been for our own asylums if so many of the pilgrimages made for the purpose of observing foreign asylums in recent years had been taken at an earlier period. Whatever may have been the public expressions and sentiment of our superintendents in this respect in the past, we are glad to bear our testimony that they have been individually reforming their practice and persistently dispensing with mechanical restraint. Non-restraint in asylum practice has come to mean the substitution of a higher quality of personal attendance, the controlling influence of moral and mild measures, and a higher training of attendants, for mechanical measures and architectural devices. This result, with the attendant accompaniments of an improved system, has been, to their credit, honestly attained by the Scotch and English physicians.

"With regard to the strictly *medical* treatment of the insane, I do not think there is much if any difference between the American and English practice." "It is not so common a practice there (America) as here (England) to employ one or two attendants to take a maniacal patient out into the grounds and allow him to work off his excitement by exercise." Dr. Tuke notices the subject of *recoveries*, which are variously reported at twenty and forty per cent. of admissions, which is a close approximation to the English results; the *mortality*, which ranges from five to seven per cent. of the average number resident, a lower rate than prevails abroad; the alleged difference in type in the *form or intensity of mental disorders* in the two countries, concluding that it does not exist: the *employment* of the insane in asylums, which is less in amount and variety than in English asylums; the care of *suicidal* cases, which are usually placed in dormitories with non-suicidal patients subject to calls from the night-watch, while in England the approved practice is to place such patients in dormitories under the eye of a night attendant in the same room; the care of *epileptic* patients, who are not congregated in dormitories, according to the frequent and approved practice in England, but usually assigned to single rooms; the infrequency of *general paralysis* in American as compared with English asylums, though it is clearly on the increase and bids fair to equal the amount witnessed in the mother country; the dissimilar *lunacy legislation* of nearly fifty States, with what we regard an unfortunate tendency to more stringent laws for admission;

and the *inspection* of asylums by State boards created in thirteen States, in which the author might have recorded the fact that the asylums where such boards had been created showed the greatest evidence of progress and tendency to advancement.

Several pages of this book are devoted to a notice of the attempt to "grapple with the problem of chronic insanity," which has proved as difficult of solution in this country as in England. Insanity has increased faster than the ability and willingness of States to build hospitals to meet the requirements. The creation of the Willard Asylum, in New York, in 1869, of the asylum at Kankakee, Ill., in 1883, the detached system of buildings at Norristown, Washington, Jacksonville, and Middletown, Ct., and the improved county asylum system of Wisconsin, are examples of efforts to care for the chronic, and the acute and chronic insane. They mark a departure from previously existing plans which is likely to impress itself upon buildings for the insane in the future. Dr. Tuke remarks, "I may state that, although not a few in the States look with a critical eye at what they regard as segregation run mad, the principle itself, that of providing many small buildings in place of a large one, is rapidly advancing in the United States."

Among the relative merits of American asylums, Dr. Tuke notes the many ingenious devices which inventive Americans have suggested for the good working of their institutions, which English superintendents might usefully imitate; the greater number of medical men in asylums, and the possibility at least of more individual interest in patients; the appointment of lady physicians, which must yet be regarded as an experiment which "we ought to be grateful to our friends across the water for making," "at the same time I am afraid it must be confessed that the results are but scanty, and fall far short of what had been anticipated from the particular attention thus paid to this department of practice (uterine affections in their relation to insanity), under, as I consider, very favorable auspices;" "and the superior dietary and warming arrangements—the Americans not only feed, but house and warm their patients better than we do." As to the demerits, he doubts the propriety of mixing the paying and non-paying patients; the lack of employment and occupation; the generally bare, unfurnished condition of wards occupied by excited patients; the amount of restraint in use; and closing, "I would say that the outlook with regard to the future of the insane in the United States is very encouraging."

Those of our readers who are desirous of learning the impressions and conditions of the thirty asylums as they appeared to this capable and painstaking observer, will be repaid by a perusal of this book. One hundred and forty-four pages are devoted to detailed descriptions of the asylums visited, which are remarkably correct. Favorable notice is made of the asylums in the Province of Ontario, but the author indulges in the severest criticisms of the condition of the Beauford Asylum, Quebec, and the asylum at Longue Pointe, Montreal.

It is not our province to notice many of the merits and demerits of both the English and American systems which our author has omitted to embrace in the scope of his work. Each may gain from the other by personal examinations in the kindly and fair spirit which he has shown. As a record of steady progress of provision made for the care and treatment of the insane, it is the most complete book yet published in England, and one that no thin-skinned American need be afraid to read. J. B. C.